Report Year: 2010 Simi Valley Hospital And Health Care Svcs-Sycamore Simi Valley

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Provide the Hospital Owner and Year of Report per Section 130061(e)

Facility Number:	11177	
Facility Name:	Simi Vall	ey Hospital And Health Care Svcs-Sycamore
Address:	2975 No	rth Sycamore Drive
City:	Simi Vall	еу
Hospital Owner/Lice	ensee:	Simi Valley Hospital and Health Care Services
Year of Rep	oorting:	2010
Contact 1 e-mail Ac	ddress:	
Contact 2 e-mail Ac	ddress:	
Contact 3 e-mail Ad	dress::	
Name of Sub	omitter:	Simi Valley Hospital
Submission	n Date:	1/19/2011 3:54:11 PM

For buildings which are planned for retrofit or replacement the report shall identify: Whether the hospital owner intends to retrofit or replace the building to SPC 2 or SPC 5 per section 130061(c)(1)(A). The deadline, as described in Section 130060 or 130061.5, for retrofit or replacement of the bulding that the hospital owner intends to meet, and the applicable extension for which the hospital owner has been approved per Section 130061(c)(1)(B)

Bldg. No.	Building Name	Alternate Building Address	Building Resolution	Final SPC Rating If Required	Extension Date	Anticipated Completion Date
01	Original Building	2975 North Sycamore Drive	Retrofit	SPC2	01/01/2013	12/31/2012
07	Telecom Room	2975 North Sycamore Drive	Remove	N/A	01/01/2013	01/01/2013
12	North Building	2975 North Sycamore Drive	Remove	N/A	01/01/2013	01/01/2013
13	Emerg. Generator No. 3	2975 North Sycamore Drive	Remove	N/A	01/01/2013	01/01/2013

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For each building which is planned for retrofitting or replacement, provide the project numbers, per Section 130061(c)(1)(C). The projected construction start date or dates and projected Completion date or dates per Section 130061(c)(1)(D) and the most recent project status and approvals per Section 130061(c)(1)(E).

Building No: 01	Original Building	Retrofit/Replacement Hazus-P	Planned
Facility Project Sub Number Number Num	Scope	Date Plan Approved Proj. Start Proj. Completed S in Date Date Date	Status CEQA Review
11177 HS013085 0		11/28/2001 09/05/2003 09/09/2003 OP	PEN No
11177 SS011867 0		07/23/2001 12/12/2001 12/23/2001 CL	_SD No

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Provide the number of inpaient beds and patient days per type of service per building per Section 130061(c)(1)(F)

Buildir	ng Number: 01	Buildin	g Name: Original Buildir	ng			
Type (of Service Prov	ided					
X	Nursing	Inpatient Beds	85 Inpatient 1:	3004	Surgical	X	Obstetrical Recovery
Х	IntensiveCare	Inpatient Beds	32 Inpatient Days	4607	Anesthesia	X	Newborn/ WellBaby
1/1	Pediatric/Adol escent	Inpatient Beds	0 Inpatient Days	395	Clinical Lab		Emergency
	Psychiatric Nursing	Inpatient Beds	0 Inpatient Days	0	Radiological/ Imaging X Pharmaceutical	X	Nuclear Medicine
	Obstetrical Ante/Postprtum	Inpatient Beds	27 Inpatient Days	2224	X Dietetic		Rehabilitation Therapy
	Intermediate Care	Inpatient Beds	0 Inpatient Days	0	X AdministrationX Support		Renal Dialysis Outpatient
	Skilled Nursing	Inpatient Beds	0 Inpatient Days	0	Services X Obstetrical	Ш	Surgery
			Total Beds this Building	144	Cesarean/Deliv	X	Central Plant

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Provide the number of inpaient beds and patient days per type of service per building per Section 130061(c)(1)(F)

Building Number: 07	Buildi	ng Name: Telecom Room		
Type of Service Prov	<u>rided</u>			
Nursing	Inpatient Beds	0 Inpatient 0 Days	Surgical	Obstetrical Recovery
IntensiveCare	Inpatient Beds	0 Inpatient Days 0	Anesthesia	Newborn/ WellBaby
Pediatric/Adol escent	Inpatient Beds	0 Inpatient Days 0	Clinical Lab	Emergency
Psychiatric Nursing	Inpatient Beds	0 Inpatient Days 0	Radiological/ Imaging	Nuclear Medicine
Obstetrical Ante/Postprtum	Inpatient Beds	0 Inpatient Days 0	Pharmaceutical Dietetic	Rehabilitation Therapy
Intermediate Care	Inpatient Beds	0 Inpatient Days 0	Administration X Support	Renal Dialysis
Skilled Nursing	Inpatient Beds	0 Inpatient Days 0	X Support Services Obstetrical	Outpatient Surgery
		Total Beds this Building	Cesarean/Deliv	Central Plant

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Provide the number of inpaient beds and patient days per type of service per building per Section 130061(c)(1)(F)

Building Number: 12	Buildi	ng Name: North Building		
Type of Service Prov	<u>rided</u>			
X Nursing	Inpatient Beds	13 Inpatient 0 Days	Surgical	Obstetrical Recovery
IntensiveCare	Inpatient Beds	0 Inpatient Days 0	Anesthesia	Newborn/ WellBaby
Pediatric/Adol escent	Inpatient Beds	0 Inpatient Days 0	Clinical Lab	Emergency
Psychiatric Nursing	Inpatient Beds	0 Inpatient Days 0	Radiological/ Imaging	Nuclear Medicine
Obstetrical Ante/Postprtum	Inpatient Beds	0 Inpatient Days 0	Pharmaceutical Dietetic	X Rehabilitation Therapy
Intermediate Care	Inpatient Beds	0 Inpatient Days 0	X Administration	Renal Dialysis
X Skilled Nursing	Inpatient Beds	44 Inpatient Days 4076	Support Services	Outpatient Surgery
		Total Beds this Building 57	Obstetrical Cesarean/Deliv	Central Plant

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Provide the number of inpaient beds and patient days per type of service per building per Section 130061(c)(1)(F)

Building Number: 13	Buildi	ng Name: Emerg. Generator No. 3 En	closure	
Type of Service Prov	<u>/ided</u>			
Nursing	Inpatient Beds	0 Inpatient 0 Days	Surgical	Obstetrical Recovery
IntensiveCare	Inpatient Beds	0 Inpatient Days 0	Anesthesia	Newborn/ WellBaby
Pediatric/Adol escent	Inpatient Beds	0 Inpatient Days 0	Clinical Lab	Emergency
Psychiatric Nursing	Inpatient Beds	0 Inpatient Days 0	Radiological/ Imaging	Nuclear Medicine
Obstetrical Ante/Postprtum	Inpatient Beds	0 Inpatient Days 0	Pharmaceutical Dietetic	Rehabilitation Therapy
Intermediate Care	Inpatient Beds	0 Inpatient Days 0	Administration	Renal Dialysis
Skilled Nursing	Inpatient Beds	0 Inpatient Days 0	Support Services	Outpatient Surgery
	Deus	Total Beds this Building	Obstetrical Cesarean/Deliv	X Central Plant

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Building Number:	01	Building Name: Original	inal Building			
Medical / Surgical	(Include GYN)	Acute Respiratory	Care	Acute Psychiatric		
Inpatient 85 Bed	Inpatient 1300 Days 4	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	
Perinatal (excluse	Newborn / GYN)	Burn		Skilled Nursing		
Inpatient 27 Bed	Inpatient 2107 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	
Pediatric		intensive Care Nev Nursery	wborn	Intermediate Card		
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 512 Days	Inpatient 0 Bed	Inpatient 0 Days	
Intensive Care		Rehabilitation Center			Int. Care / development Disabled	
Inpatient 32 Bed	Inpatient 4607 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	
Coronary Care		Chemical Dependency		Total Beds this Building Per Unit	Total Beds this Building Per Service	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	144	144	

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Building Number:	07	Building Name: Tele	com Room		
Medical / Surgical	(Include GYN)	Acute Respiratory	Care	Acute Psychiatric	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Perinatal (excluse	Newborn / GYN)	Burn		Skilled Nursing	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Pediatric		intensive Care New Nursery	wborn	Intermediate Card	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Intensive Care		Rehabilitation Center		Int. Care / developr Disabled	nent
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Coronary Care		Chemical Dependency		Total Beds this Building Per Unit	Total Beds this Building Per Service
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	0	0

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Building Number:	12	Building Name: Nort	h Building		
Medical / Surgical	(Include GYN)	Acute Respiratory	Care	Acute Psychiatric	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Perinatal (excluse	Newborn / GYN)	Burn		Skilled Nursing	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 44 Bed	Inpatient 4076 Days
Pediatric		intensive Care Nev Nursery	wborn	Intermediate Card	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Intensive Care		Rehabilitation Center		Int. Care / developn Disabled	nent
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 13 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Coronary Care		Chemical Dependency		Total Beds this Building Per Unit	Total Beds this Building Per Service
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	57	57

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Building Number:	13	Building Name:	merg. Generator No. 3 E	Enclosure	
Medical / Surgical	(Include GYN)	Acute Respirate	ory Care	Acute Psychiatric	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Perinatal (excluse	Newborn / GYN)	Burn		Skilled Nursing	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Pediatric		intensive Care l Nursery	Newborn	Intermediate Card	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Intensive Care		Rehabilitation Center		Int. Care / developr Disabled	ment
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Coronary Care		Chemical Dependency		Total Beds this Building Per Unit	Total Beds this Building Per Service
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	0	0

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For all buildings at the facility, indicate which ones are scheduled for general acute service removal.

Building Number	Building Name	Building to be Removed
01	Original Building	
04	Main Hospital Building	
07	Telecom Room	X
08	New Bridge/Elevator & Med. Gas Encl	
12	North Building	X
13	Emerg. Generator No. 3 Enclosure	X

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List ALL proposed new buildings to be constructd at this or another site.

Building Number	Building Name	New Site
N_1	New North Building Patient Tower	

Report Year: 2010		ni valley Hospi camore	tal and Health Care Svcs-	Simi valley	Page:14 of 38
Provide the number of in from acute care services			type of service for the year of	2008, 2009 and 2010 for build	dings to be removed
Building 07 Number:	Building Name:	Telecom R	oom	Year of Information:	2008
				Information Current As Of:	10/28/2010
<u>Type of Services</u> <u>Provided</u>		ı			_
Nursing	Inpatient Beds	0	Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy
IntensiveCare	Inpatient Beds	0	Anesthesia		
Pediatric/Adol escent	Inpatient [0	Clinical Lab	Obstetrical Recovery	Renal Dialysis
Psychiatric Nursing	Inpatient [Beds	0	Radiological/ Imaging	Newborn/ WellBaby	Outpatient Surgery
Obstetrical Ante/Postprtum	Inpatient [Beds	0	Pharmaceutical	Emergency	Central Plant
Intermediate Care	Inpatient Eeds	0	Dietetic	Nuclear Medicine	X Support Services
Skilled Nursing	Inpatient [0	Administration		
	Total Beds this Building	0			

Report real. 2010	, 11177	Sycamore Sycamore	ital Allu Health Cale SVCS-	Simi valley	Page. 15 01 36
Provide the number of ir from acute care services			type of service for the year o	of 2008, 2009 and 2010 for build	dings to be removed
Building 07 Number:	Building Name:	Telecom R	coom	Year of Information:	2009
				Information Current As Of:	10/28/2010
Type of Services Provided		ı	ı		
Nursing	Inpatient Beds	0	Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy
IntensiveCare	Inpatient Beds	0	Anesthesia		
Pediatric/Adol escent	Inpatient Beds	0	Clinical Lab	Obstetrical Recovery	Renal Dialysis
Psychiatric Nursing	Inpatient Beds	0	Radiological/ Imaging	Newborn/ WellBaby	Outpatient Surgery
Obstetrical Ante/Postprtum	Inpatient Beds	0	Pharmaceutical	Emergency	Central Plant
Intermediate Care	Inpatient Beds	0	Dietetic	Nuclear Medicine	X Support Services
Skilled Nursing	Inpatient Beds	0	Administration		
	Total Beds th Building	is 0	I		

Report real. 2010	,	Sycamore Sycamore	tai And Health Care SVCS-	Simi valley	Page. 16 01 36
Provide the number of in from acute care services			type of service for the year o	of 2008, 2009 and 2010 for build	dings to be removed
Building 07 Number:	Building Name:	Telecom R	oom	Year of Information:	2010
				Information Current As Of:	10/28/2010
Type of Services Provided		1	l	_	
Nursing	Inpatient Beds	0	Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy
IntensiveCare	Inpatient Beds	0	Anesthesia		
Pediatric/Adol escent	Inpatient Beds	0	Clinical Lab	Obstetrical Recovery	Renal Dialysis
Psychiatric Nursing	Inpatient Beds	0	Radiological/ Imaging	Newborn/ WellBaby	Outpatient Surgery
Obstetrical Ante/Postprtum	Inpatient Beds	0	Pharmaceutical	Emergency	Central Plant
Intermediate Care	Inpatient Beds	0	Dietetic	Nuclear Medicine	X Support Services
Skilled Nursing	Inpatient Beds	0	Administration		
	Total Beds the Building	is 0			

Report Year: 2010		Simi Valley Hospi Sycamore	tal And Health Care Svcs-	Simi Valley	Page:17 of 38
Provide the number of in from acute care services			type of service for the year of	2008, 2009 and 2010 for build	dings to be removed
Building 12 Number:	Building Name:	North Build	ling	Year of Information:	2008
				Information Current As Of:	10/27/2010
Type of Services Provided					
X Nursing	Inpatient Beds	13	Surgical	Obstetrical Cesarean/Deliv	X Rehabilitation Therapy
IntensiveCare	Inpatient Beds	0	Anesthesia		
Pediatric/Adol escent	Inpatient Beds	0	Clinical Lab	Obstetrical Recovery	Renal Dialysis
Psychiatric Nursing	Inpatient Beds	0	Radiological/ Imaging	Newborn/ WellBaby	Outpatient Surgery
Obstetrical Ante/Postprtum	Inpatient Beds	0	Pharmaceutical	Emergency	Central Plant
Intermediate Care	Inpatient Beds	0	Dietetic	Nuclear Medicine	Support Services
X Skilled Nursing	Inpatient Beds	44	X Administration		
	Total Beds this Building	57			

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Provide the number of in from acute care services			type of service for the year of	2008, 2009 and 2010 for build	dings to be removed
Building 12 Number:	Building Name:	North Build	ing	Year of Information:	2009
				Information Current As Of:	10/28/2010
Type of Services Provided					
X Nursing	Inpatient Beds	13	Surgical	Obstetrical Cesarean/Deliv	X Rehabilitation Therapy
IntensiveCare	Inpatient Beds	0	Anesthesia		
Pediatric/Adol escent	Inpatient Beds	0	Clinical Lab	Obstetrical Recovery	Renal Dialysis
Psychiatric Nursing	Inpatient Beds	0	Radiological/ Imaging	Newborn/ WellBaby	Outpatient Surgery
Obstetrical Ante/Postprtum	Inpatient Beds	0	Pharmaceutical	Emergency	Central Plant
Intermediate Care	Inpatient Beds	0	Dietetic	Nuclear Medicine	Support Services
X Skilled Nursing	Inpatient Beds	44	X Administration		
	Total Beds this Building	57			

Report Year: 2010		Simi Valley Hospi Sycamore	tal And Health Care Svcs-	Simi Valley	Page:19 of 38
Provide the number of in from acute care services			type of service for the year of	2008, 2009 and 2010 for build	dings to be removed
Building 12 Number:	Building Name:	North Build	ling	Year of Information:	2010
				Information Current As Of:	10/27/2010
Type of Services Provided					
X Nursing	Inpatient Beds	0	Surgical	Obstetrical Cesarean/Deliv	X Rehabilitation Therapy
IntensiveCare	Inpatient Beds	0	Anesthesia		
Pediatric/Adol escent	Inpatient Beds	0	Clinical Lab	Obstetrical Recovery	Renal Dialysis
Psychiatric Nursing	Inpatient Beds	0	Radiological/ Imaging	Newborn/ WellBaby	Outpatient Surgery
Obstetrical Ante/Postprtum	Inpatient Beds	0	Pharmaceutical	Emergency	Central Plant
Intermediate Care	Inpatient Beds	0	Dietetic	Nuclear Medicine	Support Services
X Skilled Nursing	Inpatient Beds	0	X Administration		
	Total Beds this Building	s 0			

Report Year: 2010		Simi Valley Hospi Sycamore	tal And Health Care Svcs-	Simi Valley	Page:20 of 38
Provide the number of in from acute care services			type of service for the year o	f 2008, 2009 and 2010 for buil	dings to be removed
Building 13 Number:	Building Name:	Emerg. Ge	nerator No. 3 Enclosure	Year of Information:	2008
Type of Services Provided				Of:	
Nursing	Inpatient Beds	0	Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy
IntensiveCare	Inpatient Beds	0	Anesthesia		
Pediatric/Adol escent	Inpatient Beds	0	Clinical Lab	Obstetrical Recovery	Renal Dialysis
Psychiatric Nursing	Inpatient Beds	0	Radiological/ Imaging	Newborn/ WellBaby	Outpatient Surgery
Obstetrical Ante/Postprtum	Inpatient Beds	0	Pharmaceutical	Emergency	X Central Plant
Intermediate Care	Inpatient Beds	0	Dietetic	Nuclear Medicine	Support Services
Skilled Nursing	Inpatient Beds	0	Administration		
	Total Beds this Building	s 0			

Report Year: 2010		sımı valley Hospi Sycamore	tal And Health Care Svcs-	Simi valley	Page:21 of 38
Provide the number of in from acute care services			type of service for the year o	f 2008, 2009 and 2010 for buil	dings to be removed
Building 13 Number:	Building Name:	Emerg. Ge	nerator No. 3 Enclosure	Year of Information:	2009
Type of Services				Information Current As Of:	
Provided					
Nursing	Inpatient Beds	0	Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy
IntensiveCare	Inpatient Beds	0	Anesthesia		
Pediatric/Adol escent	Inpatient Beds	0	Clinical Lab	Obstetrical Recovery	Renal Dialysis
Psychiatric Nursing	Inpatient Beds	0	Radiological/ Imaging	Newborn/ WellBaby	Outpatient Surgery
Obstetrical Ante/Postprtum	Inpatient Beds	0	Pharmaceutical	Emergency	X Central Plant
Intermediate Care	Inpatient Beds	0	Dietetic	Nuclear Medicine	Support Services
Skilled Nursing	Inpatient Beds	0	Administration		
	Total Beds this Building	0			

Report Year: 2010		imi Valley Hospi ycamore	tal And Health Care Svcs-	Simi Valley Page:22 of 38					
	Provide the number of inpaient beds and patient days per type of service for the year of 2008, 2009 and 2010 for buildings to be removed from acute care services per Section 130061(c)(2)(D)								
Building 13 Number:	Building Name:	Emerg. Ge	nerator No. 3 Enclosure	Year of Information:	2010				
				Information Current As Of:					
Type of Services Provided									
Nursing	Inpatient Beds	0	Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy				
IntensiveCare	Inpatient Beds	0	Anesthesia						
Pediatric/Adol escent	Inpatient Beds	0	Clinical Lab	Obstetrical Recovery	Renal Dialysis				
Psychiatric Nursing	Inpatient Beds	0	Radiological/ Imaging	Newborn/ WellBaby	Outpatient Surgery				
Obstetrical Ante/Postprtum	Inpatient Beds	0	Pharmaceutical	Emergency	X Central Plant				
Intermediate Care	Inpatient Beds	0	Dietetic	Nuclear Medicine	Support Services				
Skilled Nursing	Inpatient Beds	0	Administration						
	Total Beds this Building	0							

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Report whether the general acute care services and beds will be relocated to a new or retrofittrd building and any corresponding building sites or project numbers per Section 130061(c)(2)(E)

Building Number: Will general acutr care services and beds will be relocated to a new or retrofittrd building?
Support Services Relocated to new building
New Building Bed Count RetroFitted Building Bed Count Other SPC2-SPC5 Building Bed Count
N_1-New North Building Patient Tower
Building Number: North Building Name: North Building
Will general acutr care services and beds will be relocated to a new or retrofittrd building?
Administration N/A
Building Number:
Will general acutr care services and beds will be relocated to a new or retrofittrd building?
Support Services N/A

Report Year:	2010 11177 Simi Val Sycamo	ley Hospital And Health Care Svcs-re	Simi Valley	Page:24 of 38
Building Number: Will general acu Skilled Nursing	Building Name: otr care services and beds will be root in the services. N/A	North Building relocated to a new or retrofittrd building	j?	
Building Number: Will general acu CentralPlant	Building Name: atr care services and beds will be r	Emerg. Generator No. 3 Enclosure relocated to a new or retrofittrd building	1?	

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Report any general acute care hospital inpatient service that is provided in any genaral acute care hospital building that is rated SPC-1 per Section 130061(c)(4)

Building Number:	01	Building Name:	Or	iginal Building				
Type of Service	Provided		_					
		_		Surgical	X	Obstetrical Cesarean/Deliv	Ш	Rehabilitation Therapy
X	Nursing			Anesthesia				Devel Diel eie
X	IntensiveCare		7		X	Obstetrical Recovery		Renal Dialysis
X	Pediatric/Adol escent		_	Clinical Lab	X	Newborn/		Outpatient Surgery
	Psychiatric			Radiological/ Imaging		WellBaby		0 ,
	Nursing	X		Pharmaceutical		Emergency	X	Central Plant
X	Obstetrical Ante/Postprtur	m			X	Nuclear	X	Support
	,o,	X		Dietetic		Medicine		Services
	Intermediate Care		٦	Administration				
	Chilled Nursing		_	Administration				
	Skilled Nursing	y I						

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Report any general acute care hospital inpatient service that is provided in any genaral acute care hospital building that is rated SPC-1 per Section 130061(c)(4)

Building Number:	07	Building Name:	Telecon	n Room]
Type of Service	e Provided								
			Surg	ical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy	
	Nursing		Anes	sthesia					
	IntensiveCare		_			Obstetrical Recovery		Renal Dialysis	
	Pediatric/Adol escent		Clini	cal Lab				Outpatient	
			Rad Imag	iological/	Ш	Newborn/ WellBaby		Surgery	
	Psychiatric Nursing		_	rmaceutical		Emergency		Central Plant	
	Obstetrical Ante/Postprtui	m				Nuclear	X	Support	
	, and, r ostpridi	''' [Diet	etic		Medicine		Services	
	Intermediate Care		┐ ,.						
			_ Adm	ninistration					
	Skilled Nursin	g 							

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Report any general acute care hospital inpatient service that is provided in any genaral acute care hospital building that is rated SPC-1 per Section 130061(c)(4)

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Building Number:	12	Building Name:	North Building			
Type of Service	e Provided					
			Surgical	Obstetrical Cesarean/Deliv	X	Rehabilitation Therapy
X	Nursing		Anesthesia			
	IntensiveCare	•		Obstetrical Recovery		Renal Dialysis
	Pediatric/Ado		Clinical Lab			Outpatient
	escent		Radiological/ Imaging	Newborn/ WellBaby		Surgery
	Psychiatric Nursing		— Pharmaceutica	al Emergency		Central Plant
	Obstetrical	-				
	Ante/Postprtu	m [Dietetic	Nuclear Medicine		Support Services
	Intermediate					
	Care	X	X Administration	1		
X	Skilled Nursin	lg				

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Report any general acute care hospital inpatient service that is provided in any genaral acute care hospital building that is rated SPC-1 per Section 130061(c)(4)

Building Number:	13	Building Name:	Emerg. Generator N	o. 3 Enclosure		
Type of Service	Provided	_	_			
			Surgical	Obstetrical Cesarean/Deliv		Rehabilitation Therapy
	Nursing		Anesthesia			
	IntensiveCare		_	Obstetrical Recovery		Renal Dialysis
	Pediatric/Adol		Clinical Lab			Outpatient
	escent		Radiological/	Newborn/ WellBaby		Surgery
	Psychiatric Nursing		Imaging Pharmaceutical	Emergency	X	Central Plant
	Obstetrical		Filamiaceutical	Lineigeney		Central Flant
	Ante/Postprtur	m	Dietetic	Nuclear Medicine		Support Services
	Intermediate		_			
	Care		Administration			
	Skilled Nursing	g				

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Report the final configuration of all buildings on the hospital campus showing how each building will comply with the SPC-5/NPC-4 or 5 requirements whether by retrofit or by replacement and the type of service that will be provided in each general actue care hospital building per Section 130061(c)(5)

Building Number:	01	Building Na	me: Original Building)					
Configuration Retrofit Non-Conforming building to SPC 2 and NPC 3 and remove from service by 2030									
Type of Service	ce Provided								
X N	Nursing		Surgical	X	Obstetrical Cesarean/Deliv		Rehabilitation Therapy		
X I	ntensiveCare		Anesthesia	X	Obstetrical		Renal Dialysis		
	Pediatric/Adol escent		Clinical Lab		Recovery				
	Psychiatric Nursing		Radiological/ Imaging	X	Newborn/ WellBaby		Outpatient Surgery		
1,,,	Obstetrical Ante/Postprtum	X	Pharmaceutical		Emergency	X	Central Plant		
	ntermediate	X	Dietetic						
	Care Skilled Nursing	X	Administration	X	Nuclear Medicine	X	Support Services		

Report the final configuration of all buildings on the hospital campus showing how each building will comply with the SPC-5/NPC-4 or 5 requirements whether by retrofit or by replacement and the type of service that will be provided in each general actue care hospital building per Section 130061(c)(5)

Building Number:	04	Building Na	me: Main Hospital	l Building			
Configuration :	Retrofit Conformin	g building to	NPC 4 or NPC 5				
Type of Service Provided							
N	ursing	X	Surgical	X	Obstetrical Cesarean/Deliv		Rehabilitation Therapy
In	tensiveCare	X	Anesthesia		Obstetrical		Renal Dialysis
	ediatric/Adol scent	X	Clinical Lab		Recovery		
	sychiatric ursing	X	Radiological/ Imaging		Newborn/ WellBaby	X	Outpatient Surgery
	bstetrical nte/Postprtum		Pharmaceutical	X	Emergency	X	Central Plant
	termediate		Dietetic				
	are killed Nursing	X	Administration		Nuclear Medicine	X	Support Services

Report the final configuration of all buildings on the hospital campus showing how each building will comply with the SPC-5/NPC-4 or 5 requirements whether by retrofit or by replacement and the type of service that will be provided in each general actue care hospital building per Section 130061(c)(5)

Building Number:	07	Building Na	me: Telecom Room	า			
Configuration:	Remove from GAC	Service by	1/1/2013				
Type of Service	e Provided						
N	ursing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy
In	tensiveCare		Anesthesia		Obstetrical		Renal Dialysis
	ediatric/Adol scent		Clinical Lab		Recovery		
	sychiatric ursing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery
	bstetrical nte/Postprtum		Pharmaceutical		Emergency		Central Plant
☐ In	itermediate		Dietetic		Linergency		Contract faint
	are killed Nursing		Administration		Nuclear Medicine	X	Support Services

Report the final configuration of all buildings on the hospital campus showing how each building will comply with the SPC-5/NPC-4 or 5 requirements whether by retrofit or by replacement and the type of service that will be provided in each general actue care hospital building per Section 130061(c)(5)

Building Number:	08	Building Na	me: New Bridge/E	levator & Me	d. Gas Encl				
Configuration :	Retrofit Conforming	g building to	NPC 4 or NPC 5						
Type of Service	Type of Service Provided								
	lursing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy		
Ir	ntensiveCare		Anesthesia		Obstetrical		Renal Dialysis		
	ediatric/Adol scent		Clinical Lab		Recovery				
	sychiatric lursing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery		
	Obstetrical nte/Postprtum		Pharmaceutical		Emergency	X	Central Plant		
	ntermediate care		Dietetic				0		
	killed Nursing		Administration		Nuclear Medicine	X	Support Services		

Report the final configuration of all buildings on the hospital campus showing how each building will comply with the SPC-5/NPC-4 or 5 requirements whether by retrofit or by replacement and the type of service that will be provided in each general actue care hospital building per Section 130061(c)(5)

Building Number:	12	Building Na	me: North Building				
Configuration :	Remove from GAC	Service by	1/1/2013				
Type of Service Provided							
X N	ursing		Surgical		Obstetrical Cesarean/Deliv	X	Rehabilitation Therapy
In	ntensiveCare		Anesthesia		Obstetrical		Renal Dialysis
	ediatric/Adol scent		Clinical Lab		Recovery		
	sychiatric lursing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery
1 1	bstetrical nte/Postprtum		Pharmaceutical	П	Emergency	П	Central Plant
	ntermediate		Dietetic				
	are killed Nursing	X	Administration		Nuclear Medicine		Support Services

Report the final configuration of all buildings on the hospital campus showing how each building will comply with the SPC-5/NPC-4 or 5 requirements whether by retrofit or by replacement and the type of service that will be provided in each general actue care hospital building per Section 130061(c)(5)

Building Numbe	er: 13	Building Na	me: Emerg. Generat	tor No. 3 E	nclosure		
Configuration :	Remove from GAC	Service by	1/1/2013				
Type of Serv	rice Provided						
	Nursing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy
	IntensiveCare		Anesthesia		Obstetrical		Renal Dialysis
	Pediatric/Adol escent		Clinical Lab		Recovery		
	Psychiatric Nursing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery
	Obstetrical Ante/Postprtum		Pharmaceutical		Emergency	X	Central Plant
	Intermediate Care		Dietetic				Comment
	Skilled Nursing		Administration	Ш	Nuclear Medicine		Support Services

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Include information on the number of inpatient beds by type of Service provided by buildings that are classified as SPC-2, SPC-3, SPC-4, and SPC-5 per Section 130061(e)

Buildi	ing Number: 04									
Тур	Type of Service Provided									
	Nursing	Inpatient Beds	0	X	Surgical	X Obstetrical Cesarean/Deliv	Rehabilitation Therapy			
	IntensiveCare	Inpatient Beds	0	X	Anesthesia					
	Pediatric/Adol escent	Inpatient Beds	0	X	Clinical Lab	Obstetrical Recovery	Renal Dialysis			
	Psychiatric Nursing	Inpatient Beds	0	X	Radiological/ Imaging	Newborn/ WellBaby	X Outpatient Surgery			
	Obstetrical Ante/Postprtum	Inpatient Beds	0		Pharmaceutical	X Emergency	X Central Plant			
	Intermediate Care	Inpatient Beds	0		Dietetic	Nuclear Medicine	X Support Services			
	Skilled Nursing	Inpatient Beds	0	X	Administration					
	Total Beds this Building		0							

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Include information on the number of inpatient beds by type of Service provided by buildings that are classified as SPC-2, SPC-3, SPC-4, and SPC-5 per Section 130061(e)

Building										
Type (Type of Service Provided									
	Nursing	Inpatient Beds	0		Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy			
ı	ntensiveCare	Inpatient Beds	0		Anesthesia					
1 1	Pediatric/Adol escent	Inpatient Beds	0		Clinical Lab	Obstetrical Recovery	Renal Dialysis			
	Psychiatric Nursing	Inpatient Beds	0		Radiological/ Imaging	Newborn/ WellBaby	Outpatient Surgery			
	Obstetrical Ante/Postprtum	Inpatient Beds	0		Pharmaceutical	Emergency	X Central Plant			
	ntermediate Care	Inpatient Beds	0		Dietetic	Nuclear Medicine	X Support Services			
	Skilled Nursing	Inpatient Beds	0		Administration					
	Fotal Beds this Building		0							

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Include information on the number of inpatient beds by type of unit provided by buildings that are classified as SPC-2, SPC-3, SPC-4, and SPC-5 per Section 130061(e)

Building Number:	04 Build	ing Name: Main	Hospital Building			
Medical / Surgical (In	clude GYN)	Acute Respiratory	Care	Acute Psychiatric		
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0	Inpatient 0 Days	
Perinatal (excluse Ne	ewborn / GYN)	Burn		Skilled Nursing		
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	
Pediatric		intensive Care Nev Nursery	wborn	Intermediate Card		
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	
Intensive Care		Rehabilitation Center		Int. Care / develop	nent	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	
Coronary Care		Chemical Dependency		Total Beds this Building Per Unit	Total Beds this Building Per Service	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	0	0	

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Include information on the number of inpatient beds by type of unit provided by buildings that are classified as SPC-2, SPC-3, SPC-4, and SPC-5 per Section 130061(e)

Building Number:	08 Bu i	Iding Name: New	Bridge/Elevator & Med.	Gas Encl		
Medical / Surgical (Ir	nclude GYN)	Acute Respiratory	⁷ Care	Acute Psychiatric		
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Inpatient Days	0	
Perinatal (excluse No	ewborn / GYN)	Burn		Skilled Nursing		
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Inpatient Days	0	
Pediatric		intensive Care Ne Nursery	wborn	Intermediate Card		
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Inpatient Days	0	
Intensive Care		Rehabilitation Center		Int. Care / development Disabled		
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Inpatient Days	0	
Coronary Care		Chemical Dependency		Total Beds this Total Bed Building Per Building F Unit Service		
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	0	0	